



# Aging Services of Minnesota

LEADING CHANGE ■ CHANGING LIVES

*Formerly Minnesota Health & Housing Alliance*

## **2009 HONORARY MEMBERSHIP NOMINATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**REASON FOR NOMINATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**LEADERSHIP/ACTIVITIES IN AGING SERVICES (Board, District, Committees):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please send/fax this form by **Friday, August 21, 2009** to:

Pat Vincent, Chair  
Nominating Committee  
Aging Services of Minnesota  
2550 University Avenue West, Suite 350S  
St. Paul, MN 55114-1900  
FAX Number: (651) 645-0002